



BLOCK PARTY PERMIT

NAME OF PERSON IN CHARGE: _____

ADDRESS: _____ Tel# _____

SPONSORING ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

AREA TO BE BLOCKED: _____

DATE OF EVENT: _____ HOURS _____

ESTIMATED NUMBER OF PARTICIPANTS: _____

NAME OF INSURANCE CARRIER FOR ORGANIZATION _____

(***NOTE: A copy of liability insurance policy must be attached)

I hereby request permission to conduct a block party at the date, time and location noted above.

DATE: _____ APPLICANT'S SIGNATURE _____

You are hereby granted authorization to conduct a block party as noted above.

DATE: _____ CHIEF OF POLICE _____

You are hereby granted authorization to conduct a block party as noted above.

DATE: _____ COMMISSIONER OF D.P.W. _____

Seal

*Office of the City Clerk
Teresa M. Kippen*

Date _____